

Mike O'Connell
Jefferson County Attorney

Restitution Division
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RESTITUTION INQUIRY FORM

Please provide as much information as possible

DATE: _____

Name of Victim: _____

Current Address: _____

City: _____ State: _____ Zip: _____

Previous Address: _____

City: _____ State: _____ Zip: _____

Social Security #: _____ Date of Birth: _____

Driver's License #: _____

Current Phone #: _____ Cell: _____

Name of Defendant/Offender: _____

Case #: _____

Any other details you can provide: _____

Please return this form by fax or mail to the above listed address/fax number. You will be contacted upon our review of your information.